

Name
in
Full

Mr. T. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

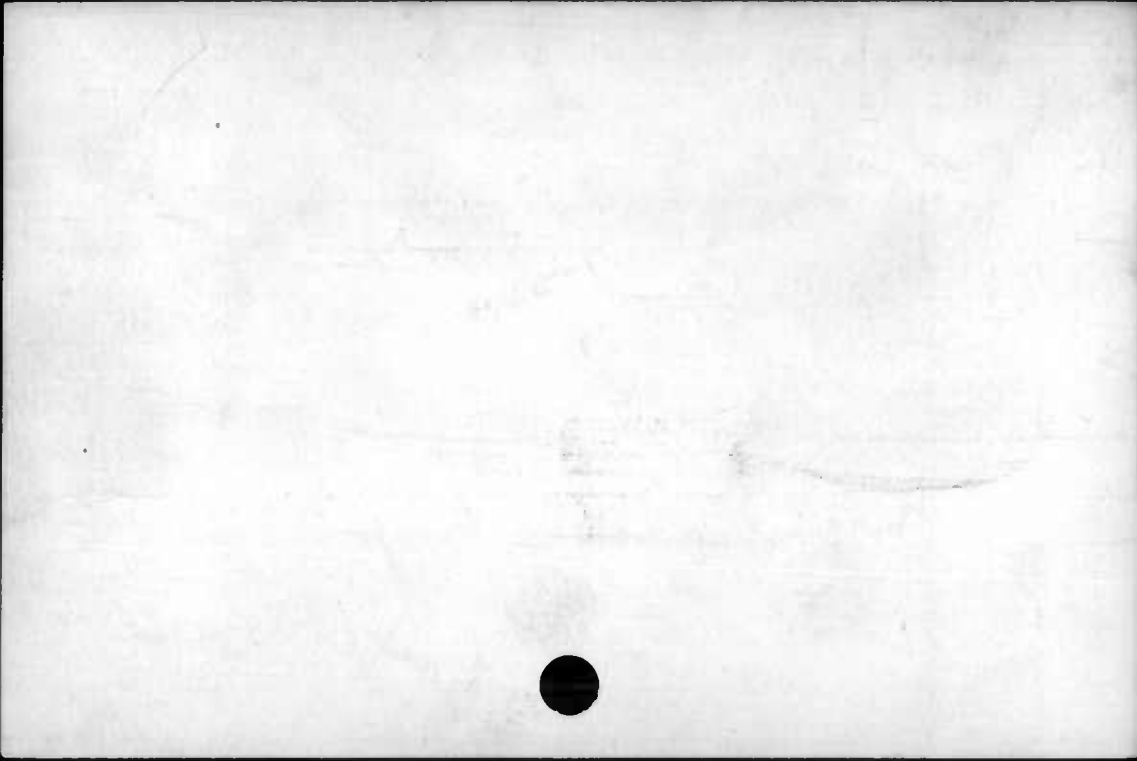
Died at <i>near Millington</i> Town		<i>Kent</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>20</i>	Age <i>57</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Delaware</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Mary Frances Baker</i>				
Father's Name				Father's Birthplace	
Mother's Maiden Name <i>W</i>				Mother's Birthplace	
Name of person giving information <i>John T. Baker</i>				How related to deceased <i>son</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Hypertrophy of heart</i>	How long <i>7 years</i>
Immediate	<i>Myocard</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Dr W H Jacobs</i>
		Address <i>Millington Md</i>
Accident or Suicide?	<input checked="" type="checkbox"/>	



Name
in
Full

Hester Barnard Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Mar</u> ^{Day} <u>14</u> ^{Age} <u>3</u> ^{Years}		<u>8</u> ^{Months}		<u>—</u> ^{Days}	
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>md</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John M. Bennett</u>		Father's Birthplace <u>del</u>			
Mother's Maiden Name <u>Amy S. Bennett</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>—</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary	<u>Membranous Croup</u>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>L. P. Atwell M.D.</u>
		Address	<u>Still Pond.</u>
			<u>md.</u>
Accident or Suicide? <u>—</u>			

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

James Brevett Boyer

Rock Hall

Town

Kent

County

MARYLAND

Died at

Date

of death

1907

Mar

Month

29

Day

Age

64

Years

Months

10

Days

Sex

Male

Color or
Race

White

Birth-
place

Kent-Co. Md.

Occupation

Waterman

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

C

Father's
Name

John Boyer

Father's
Birthplace

Isla

Mother's
Maiden Name

Harriet W Long

Mother's
Birthplace

Pennsylvania

Name of person giving
Information

Martha J McKee

How related
to deceased

Sister

CAUSES OF DEATH

166

Primary

Injury to Intestines & Blow

How long

36 hours

Immediate

Exhaustion

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Hon W. Deall

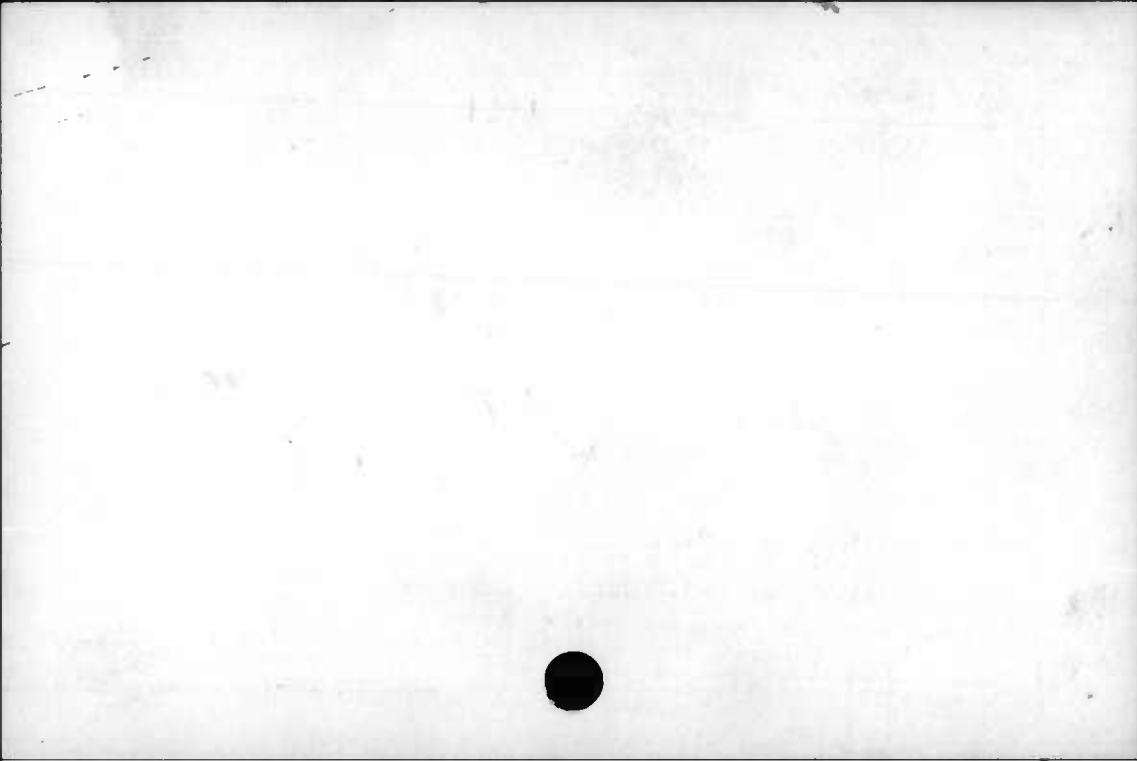
Address

Rock Hall Md

Accident or Suicide?

V

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Auster Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Galena* TownCounty *Kent*

MARYLAND

Date

of death *1907*Month *3*Day *4*

Years

Age *5-2*

Months

Days

Sex

*female*Color or
Race*african*Birth-
place*md*

Occupation

*house-wife*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Ezra Briscoe*Father's
Name*Edward Scott-*Father's
Birthplace*md*Mother's
Maiden NameMother's
BirthplaceName of person giving
information*Safayth Briscoe*How related
to deceased*son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Valvular disease of heart

How long

Several years

Immediate

acute congestion lungs

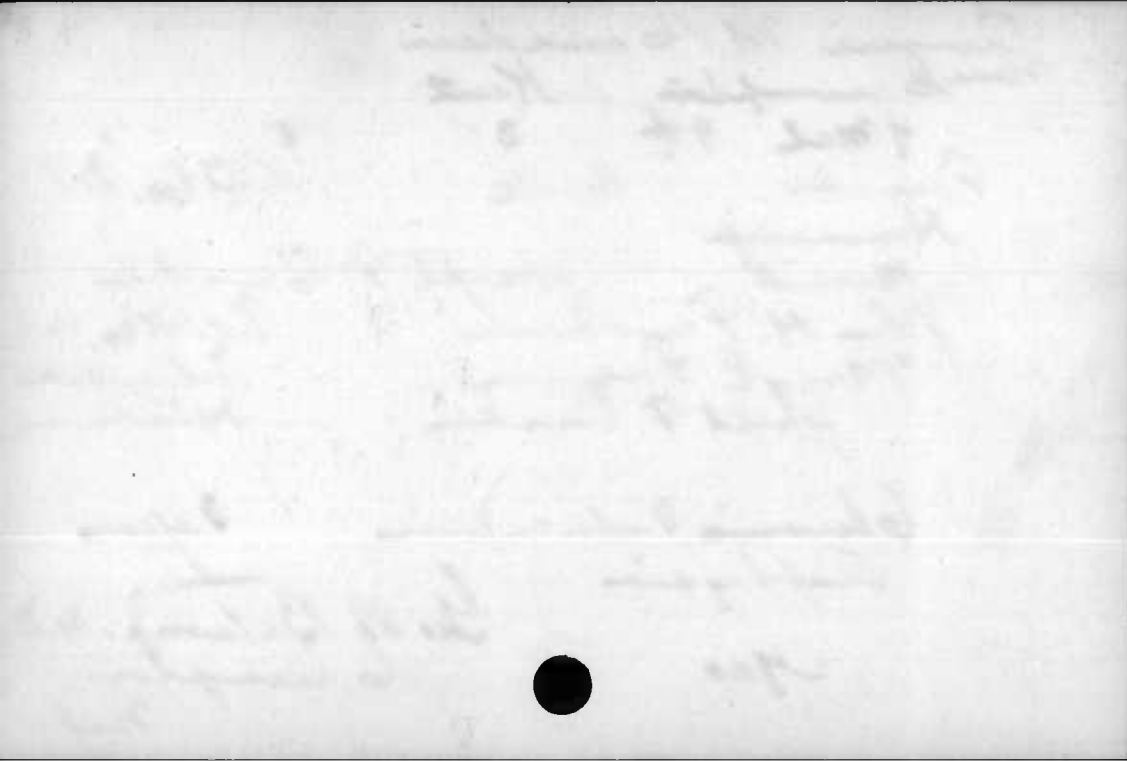
How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Yes**J. W. Labine**Galena**md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Angie M. Cauden
near *Brunnlon* Town *Del* County

MARYLAND

Died at *Brunnlon Del*
Date of death *1907* Month *March* Day *9th* Years *31* Months *8* Days *14*

Sex *Female* Color or Race *White* Birth-place *Kent Co., Del*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph F. Cauden*

Father's Name *John H. Faulkner* Father's Birthplace *Talbot Co., Md*

Mother's Maiden Name *Mary E. Freeman* Mother's Birthplace *Delaware*

Name of person giving information *Joseph F. Cauden* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

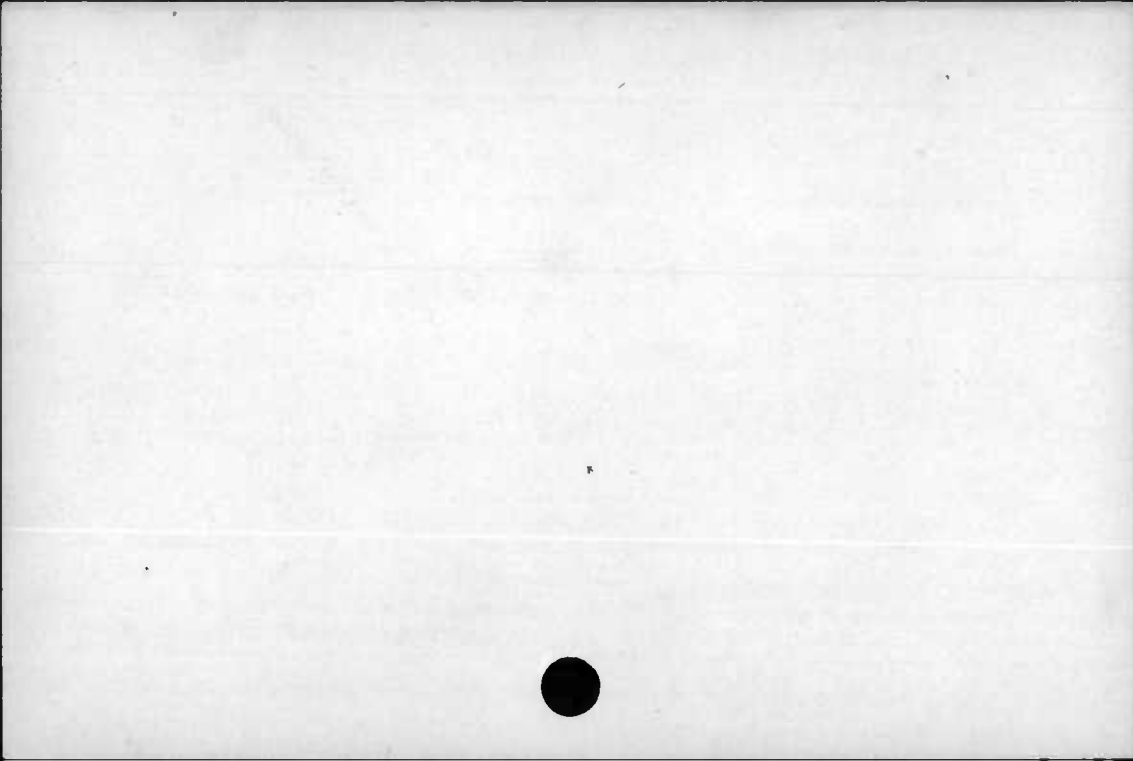
Primary *Chronic Tuberculosis* How long *3 years*

Immediate *Asphyxia* How long

Are the name, age, sex, color, date and place correctly given above?

Yes Signature of Physician *Geo H. Britton, M.D.*
Address *Brunnlon Md.*

Accident or Suicide?



Name
in
Full

Arimonta Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairlee</i> Town		County <i>West</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>20</i>	Age <i>60</i>	Years <i>60</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Ind</i>		
Occupation <i>Housework</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>M.</i>		Name of Wife or Husband <i>Jackson Chambers</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Jackson Chambers</i>		How related to deceased <i>Nac Land</i>			

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Breast</i>	How long	<i>2 yrs.</i>
Immediate	<i>Paralysis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Franklin L. Lumbard</i>	
<i>Yes</i>		Address <i>Fairlee Ind</i>	
Accident or Suicide?			

Harley csm f-E. K.

Name in Full Henry Chatman		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Chestertown	County Kent	STATE MARYLAND
	Date of death 1907	Month Mar	Day 11
	Age 43	Years	Months
	Sex Male	Color or Race Col	Birth- place Md
	Occupation Barber	Where Residing if not at place of death	
	Married, Single or Widowed Married	Name of Wife or Husband Fanny Jenkins	
	Father's Name Henry Chatman	Father's Birthplace don't know	
Mother's Maiden Name Alice Wornell	Mother's Birthplace Md		
Name of person giving In formation Belia Goldberger	How related to deceased Sister		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Lobar pneumonia	How long 7 days	
	Immediate Cardiac failure	How long Several hours	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. G. Simpson	
		Address Chestertown	
	Accident or Suicide? No	Md	

James M. E. Lem J. E. F.

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Isaac Ford

Died at *Chesterville* Town *Kent* County

MARYLAND

Date of death *1907* Month *13* Day *6* Age *13* Years Months Days

Sex *male* Color or Race *Black* Birth-place *near Chesterville*

Occupation _____ Where Residing if not at place of death _____

Married, Single _____ Widowed _____ Name of Wife or Husband _____

Father's Name *Isaiah Ford* ✓ Father's Birthplace *Ind*

Mother's Maiden Name *Emma Ford* ✓ Mother's Birthplace *Ind*

Name of person giving information *Emma Ford* How related to deceased *mother*

CAUSES OF DEATH

93

Primary *Pneumonia* How long *about 8 days*

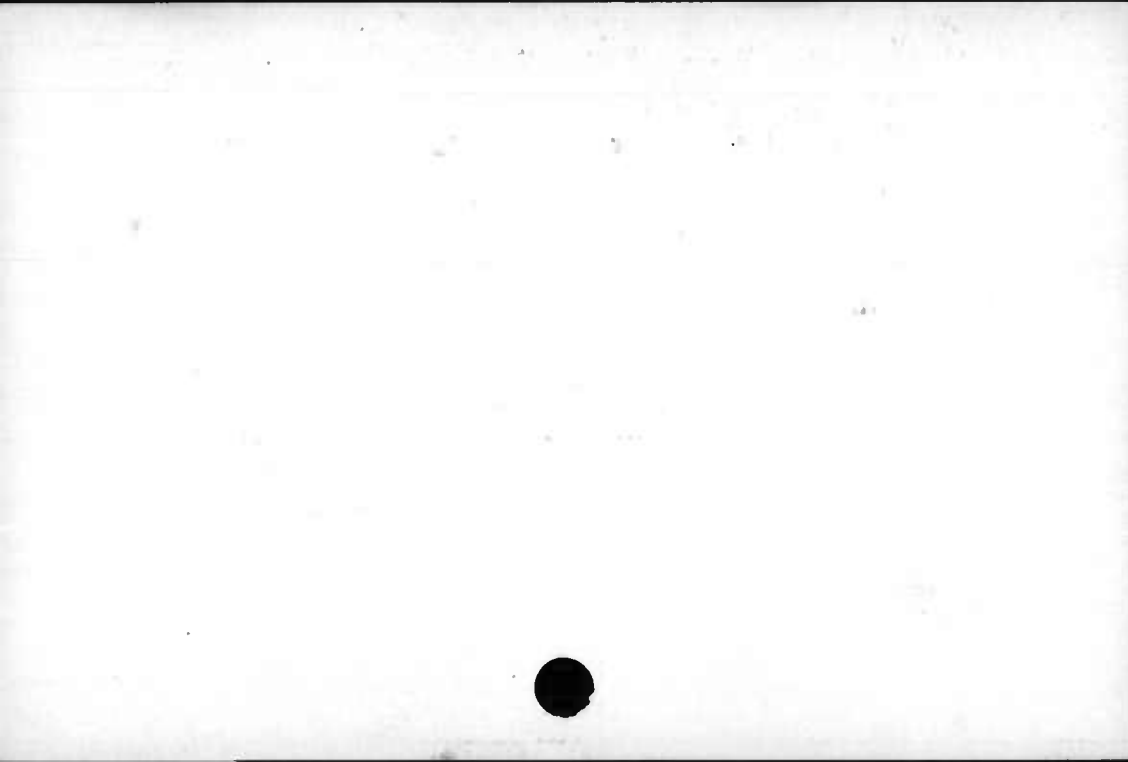
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. F. Jacobs*

Address *Millington Ind*

Accident or Suicide? *✓*



Name
in
Full

Still Born. Baby Garrison

CERTIFICATE OF DEATH

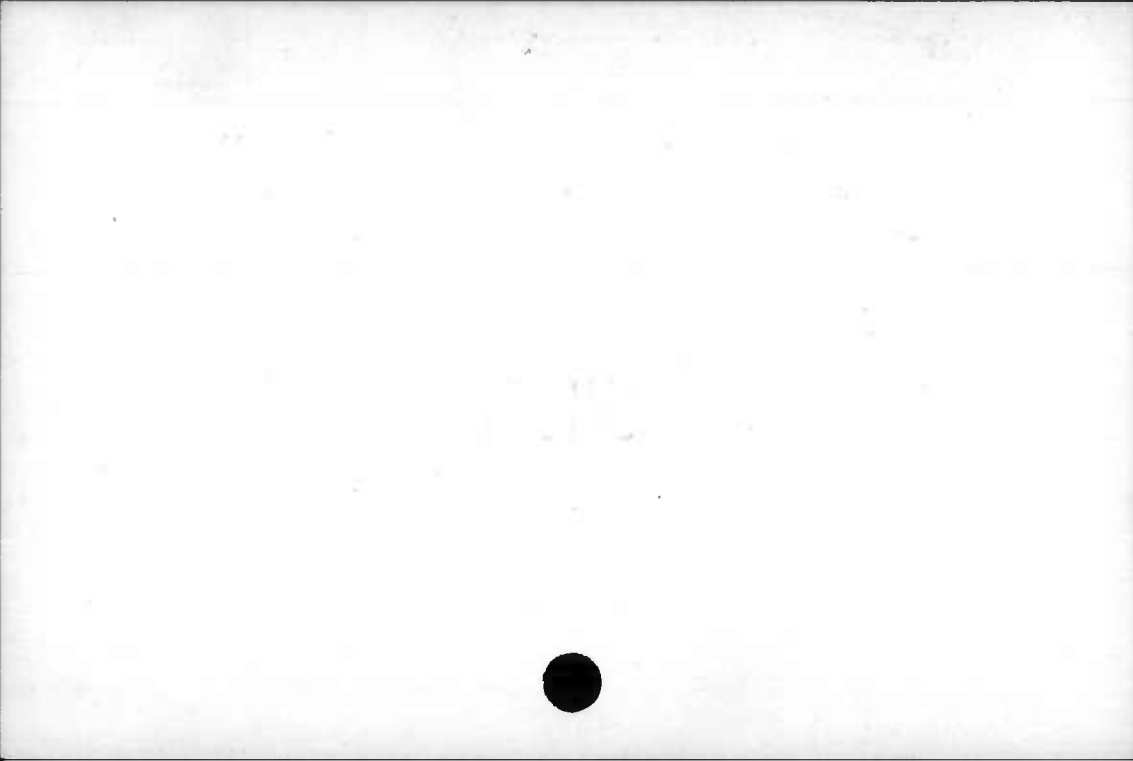
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> Town		County <u>King's Co.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>18</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Coleman</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Lawrence Garrison</u>			Father's Birthplace <u>Mich.</u>		
Mother's Maiden Name <u>Addie Wilson</u>			Mother's Birthplace <u>Mich.</u>		
Name of parson giving information <u>Garrison</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	<u>(8)</u>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<u>Yes.</u>	Signature of Physician <u>L. P. Atwell M.D.</u>
		Address <u>Still Pond</u>	<u>md</u>
Accident or Suicide?			



Name
in
Full

Thomas Davis Glenn

CERTIFICATE OF DEATH

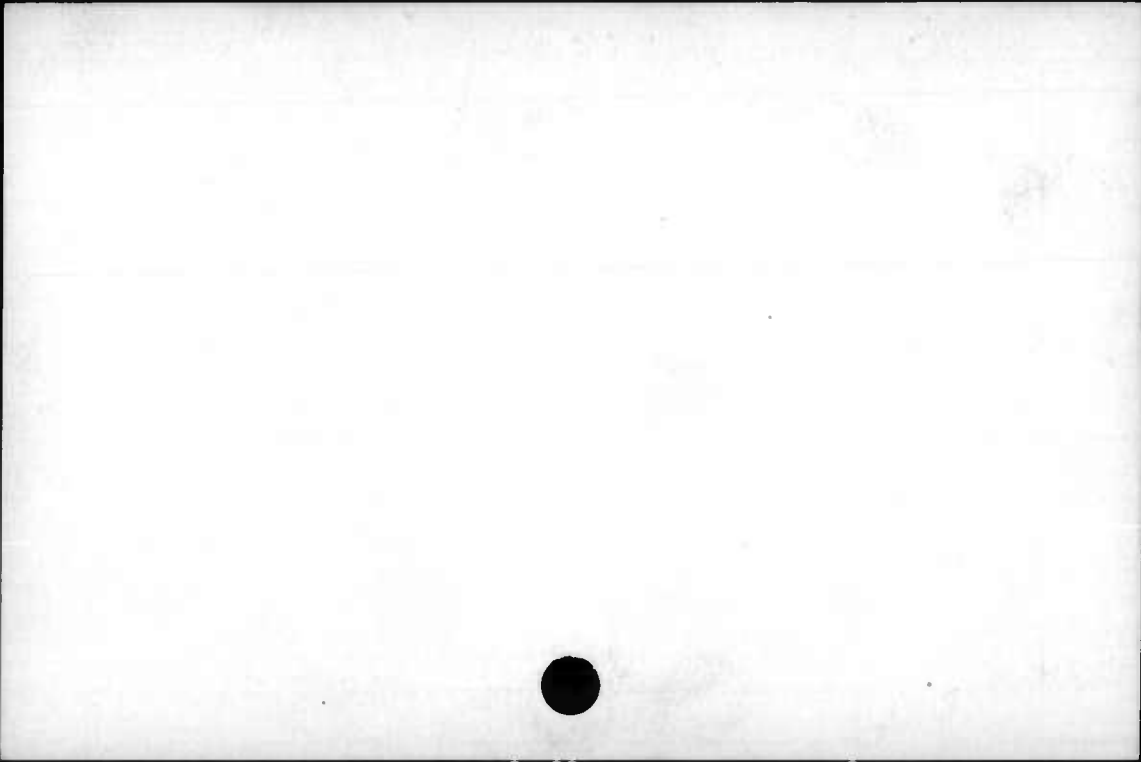
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easterneck Island</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>15</i>	Age <i>76</i>	Years	Months <i>—</i>	Days <i>24</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Me</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sarah Ann Cooper</i>					
Father's Name <i>Michael Glenn</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Martina Ann Davis</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>George T. Glenn</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>a month</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter D. Kelly M.D.</i>
	Address <i>Rock Hall, Kent Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Amos Hammond

CERTIFICATE OF DEATH

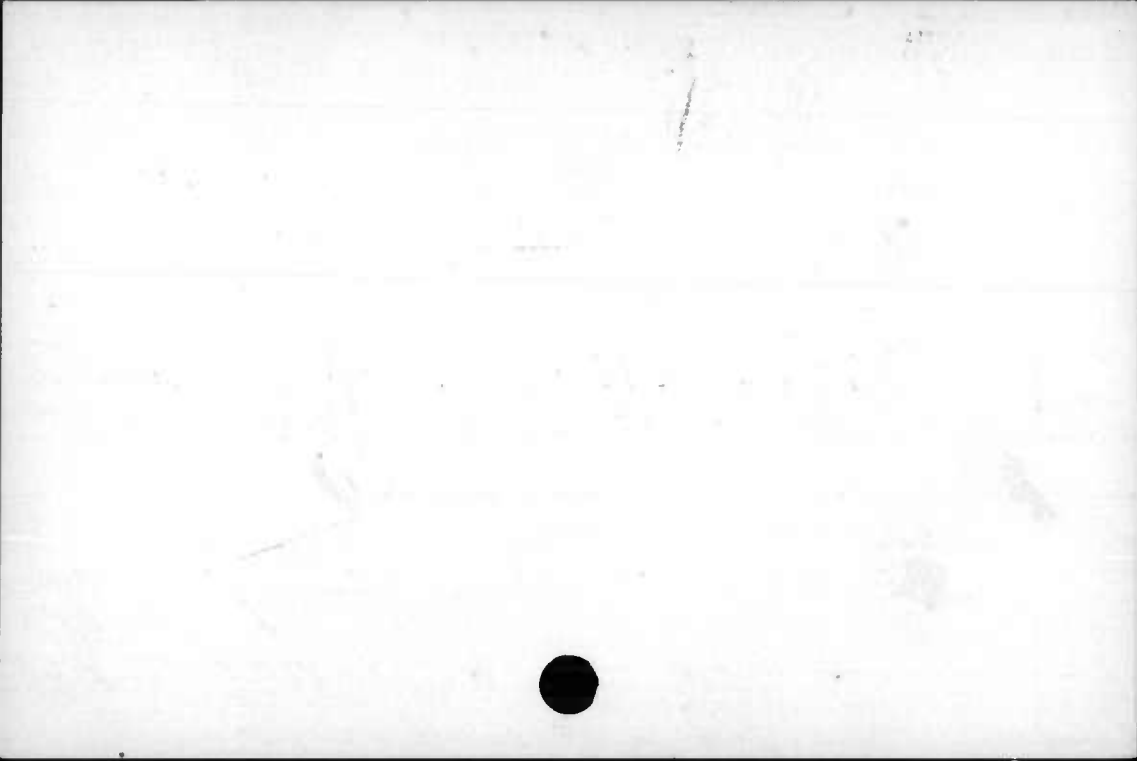
TO BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> near ^{Town} <i>Mehitola</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>20</i>	Age <i>1</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Hammond</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Heath</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Father</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mal intention</i>	How long <i>Since birth</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>No W attending</i>
		Address <i>141 S. Main St. See Local Board of Health</i>
Accident or Suicide?	<i>No</i>	



Name
in
Full

Fanny Hyson

CERTIFICATE OF DEATH

Died at <i>Rock Hall</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>8</i>	Age <i>64</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co. Md</i>		
Occupation <i>House Keeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Benjamin Hyson</i>				
Father's Name <i>Thomas Smalwood</i>	Father's Birthplace <i>Kent Co. Md</i>		Mother's Birthplace <i>" Maryland</i>		
Mother's Maiden Name <i>Nancy Tabby</i>	Name of person giving information <i>John Hackins</i>		How related to deceased <i>Son in Law</i>		

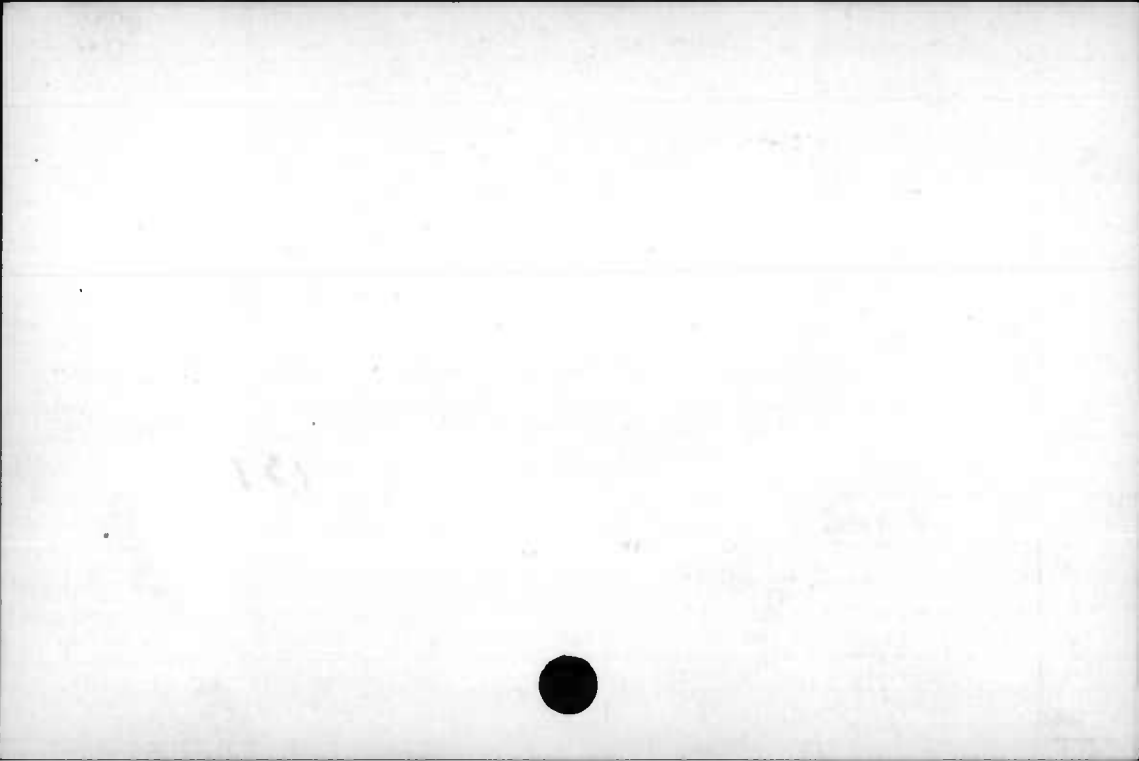
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

93

Primary <i>Pneumonia</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter D. Selby M. D.</i>
<i>Yes</i>	Address <i>Rock Hall, Kent Co.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Susan Anna Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Chestertown^{County} Kent

MARYLAND

Date of death 1907 March 30

Age Years

Months 3 Days

Sex Female

Color or Race Black

Birth-place Chestertown

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Sam Moore

Father's Birthplace

Ladys Anne Co.

Mother's Maiden Name

Mary Jackson

Mother's Birthplace

Kent Co.

Name of person giving information

~~Mother~~ Mary Jackson

How related to deceased

mother

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature Birth, Natural Causes.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Frank B. Hines
Chestertown, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Mary R Zister

Town

County

MARYLAND

Died at

Betterton

Date

of death 1907

Month

Mar

Day

17

Age

Years

35

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupat

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~W~~ or
Husband

Alfred H Zister

Father's
Name

Samuel Bennett

Father's
Birthplace

Md

Mother's
Maiden Name

Carrie Gresham

Mother's
Birthplace

Md

Name of person giving
In formation

Alfred Zister

How related
to deceased

Husband

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

One year

Immediate

Heart Failure

How long

Two days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jos. Lane S. S. S. S.
Betterton Kent Co. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Still Pards.

Name
In
Full

Leonard Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mar* ^{Town} *Millington Kent* ^{County}

MARYLAND

Date of death *1907* Month *3* Day *17* Age *Years* Months *Days*Sex *male* Color or Race *Black* Birth-place *Ind*Occupation *_____* Where Residing if not at place of death *_____*Married, Single or Widowed *_____* Name of Wife or Husband *_____*Father's Name *Albert Hines* Father's Birthplace *Ind*Mother's Maiden Name *Edith Johnson* Mother's Birthplace *Ind*Name of person giving information *Wm Davis* How related to deceased *No relation*

CAUSES OF DEATH

27

Primary *Tuberculosis* How long *6 months*Immediate *Hemorrhage* How long *_____*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr W H Jacobs*Address *Millington Ind*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Martha A. Jones
 Died at Still Pond ^{Town} Stent ^{County}

MARYLAND

Date of death 1907 ^{Month} March ^{Day} 16 ^{Years} 71 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place md

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Alfred Jones

Father's Name Perry Price Father's Birthplace md

Mother's Maiden Name Elizabeth Howard Mother's Birthplace md

Name of person giving information Mrs Davis How related to deceased Sister

CAUSES OF DEATH

179

Primary General debility How long —

Immediate Bronchitis How long —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

Address

L. P. Atwell M.D.

Still Pond

md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Still Pond

Name
in
Full

Mary Elizabeth Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

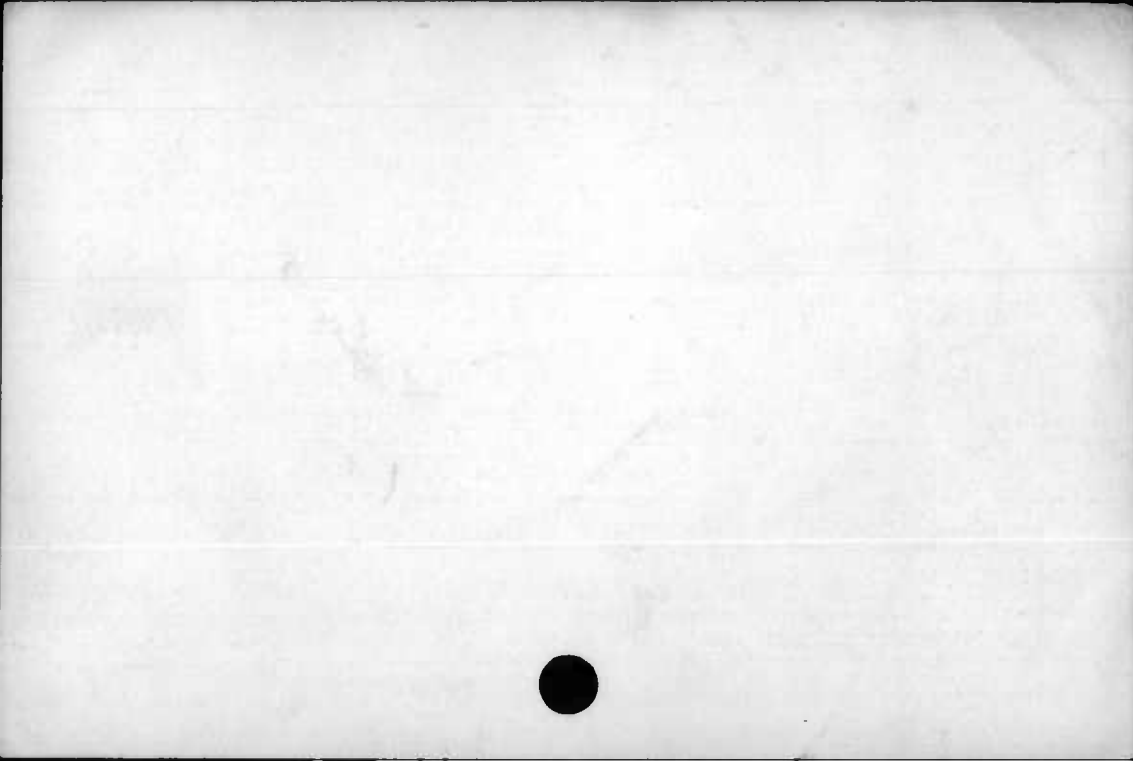
Died at <u>Galena</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>3</u> <small>Day</small> <u>1st</u> <small>Age</small> <u>76</u> <small>Years</small>		<u>7</u> <small>Months</small>		<u>6</u> <small>Days</small>	
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Island Md.</u>			
Occupation <u>domestic</u>	Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Thomas Lynch</u>				
Father's Name <u>Wm. Ruth</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Mary E. Ruth</u>	Mother's Birthplace <u>Kent Md.</u>				
Name of person giving information <u>J. I. Lynch</u>		How related to deceased <u>daughter</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Senile debility & Cardiac disease</u>		How long <u>Ten years</u>
Immediate	<u>anasarca & arrest of heart action</u>		How long <u></u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Wm. Salinger,</u>	
<u>yes</u>		Address <u>Galena, Md.</u>	
Accident or Suicide?		<u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary Synson McInett		Town Morgan Creek		County Stent		MARYLAND	
Died at		Month Mar		Day 14		Years 29	
Date of death 190		Months 11		Days 9			
Sex female		Color or Race White		Birth-place Ind			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband Harry S. Redville					
Father's Name William McInett		Father's Birthplace U.S.					
Mother's Maiden Name Sallie A. Phipps		Mother's Birthplace U.S.					
Name of person giving Information Mrs Edwards		How related to deceased Sister					

CAUSES OF DEATH

(9)

PHYSICIAN
OR CORONER

Primary	Membranous Group, & Peritonitis	How long	one week
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. L. Barwick	
		Address Hamdenville	
Accident or Suicide?		Ind	

Chester town

Name
in
Full

Chas. J. Maul

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

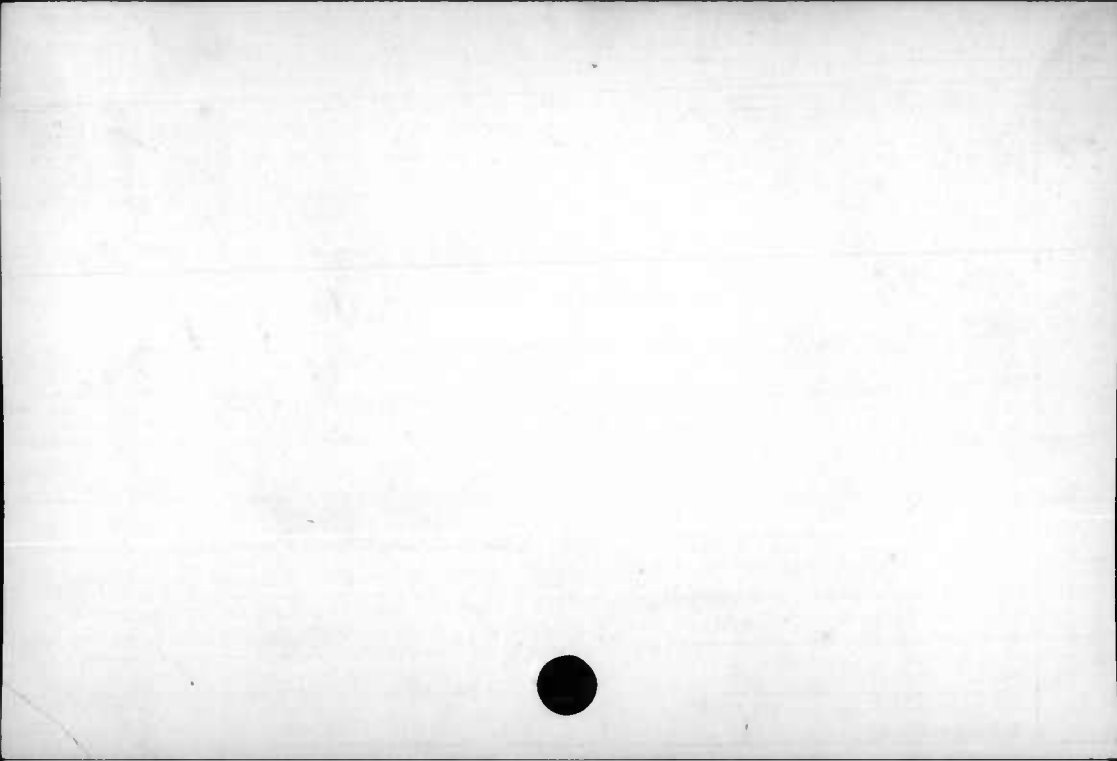
Died at		Town		Neat County		MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days	
7	march	6	64		6	12	
Sex	male	Color or Race	white	Birth-place	New Jersey		
Married, Single or Widowed	married		Occupation	Farmer			
Name of Wife or Husband	Sara Maul						
Father's Name	Eli Maul				Father's Birthplace	New Jersey	
Mother's Maiden Name	Ruth Shroeder				Mother's Birthplace	New Jersey	
Name of person giving information	James H. Maul				How related to deceased	son	

CAUSES OF DEATH

(91)

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	2 months.
Immediate	Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Frank Amis
		Address	Chester town Md.
Accident or Suicide?	no		



Name
in
Full

James Alfred Pearce

CERTIFICATE OF DEATH

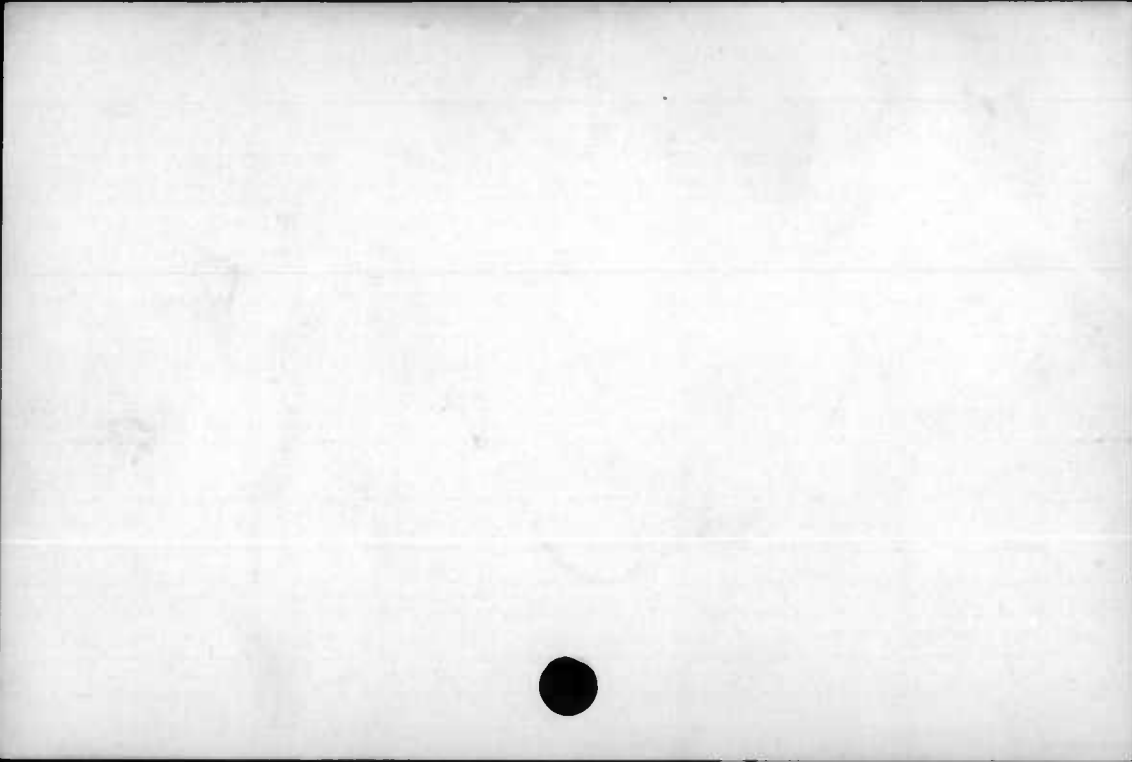
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i>		Town <i>Salisbury</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>23</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Isabella Pearce</i>					
Father's Name _____		Father's Birthplace _____					
Mother's Maiden Name _____		Mother's Birthplace _____					
Name of person giving information <i>James Jones</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>3 Months</i>
Immediate <i>Chemia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas B Wilson</i>
	Address <i>Edgewater P.O.</i>
Accident or Suicide?	<i>Kent Co. Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *mar* *Locust Grove* TownCounty *Kent*Date of death *1907* *mar* Month *31* DayAge *40* Years

Months

Days

Sex *Female*Color or
Race *black*Birth-
place *md*

Occupation

*House work*Where Residing if not
at place of death*mar* *Locust Grove*Married, Single
or WidowedName of Wife or
Husband*Wm Perkins*Father's
Name*don't know*Father's
Birthplace*—*Mother's
Maiden Name*Lumpie Beasick*Mother's
Birthplace*md*Name of person giving
In formation*Phodora Gleason*How related
to deceased*son*

CAUSES OF DEATH

Primary

Acute Indigestion

How long

2 hrs

Immediate

Heart Failure

How long

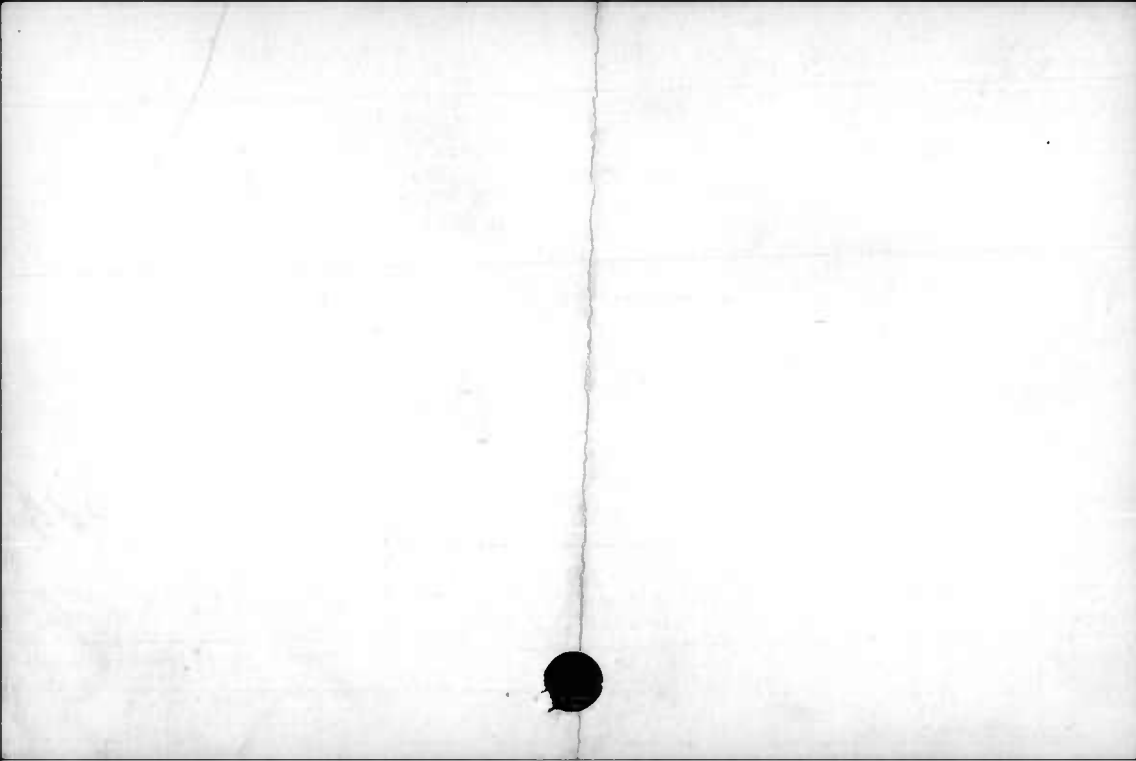
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Robt. Moffett, Sec.*

Address

Shesletown

Accident or Suicide?

✓ Kent. Co. Md.



Name
in
Full

CERTIFICATE OF DEATH

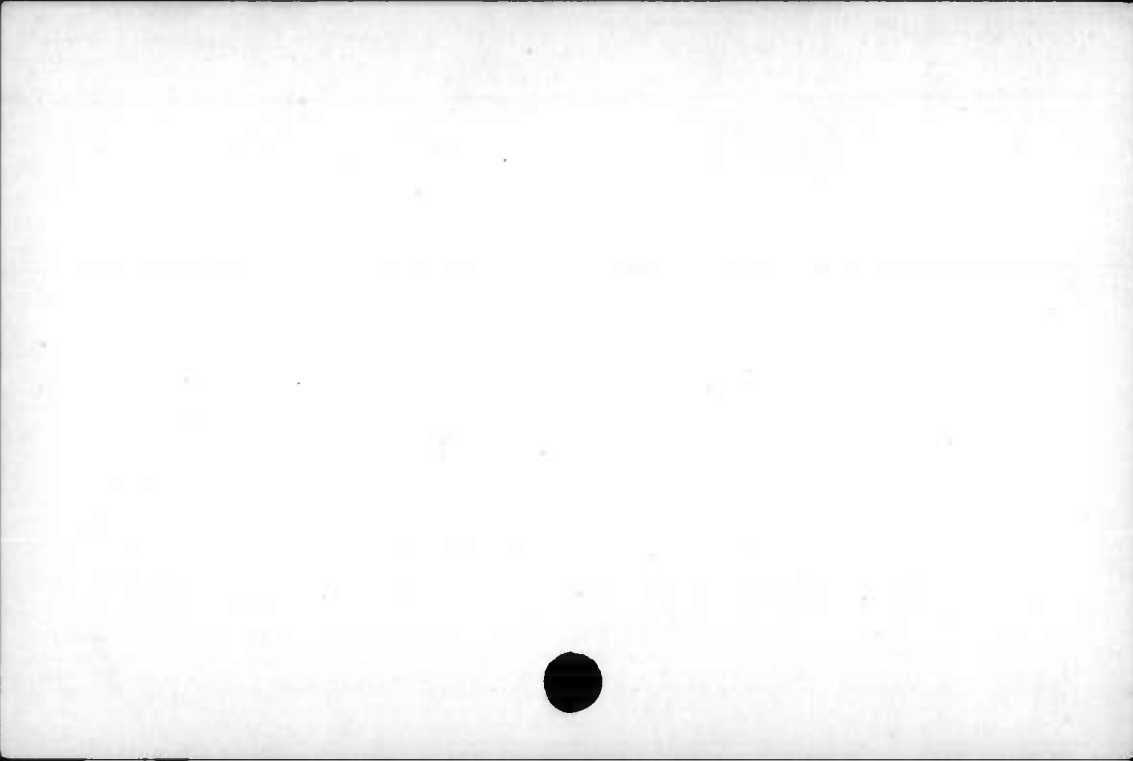
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Reed</i>		Town <i>Shinn's House</i>		County <i>Kent.</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>March</i>	Day <i>19</i>	Age <i>34</i>	Years <i>34</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>James Reed</i>		Father's Birthplace <i>Kent Co Md</i>					
Mother's Maiden Name <i>Dr. H. Reed</i>		Mother's Birthplace <i>Kent Co Md</i>					
Name of person giving information <i>Wm. Ford</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asphyxiation</i>	<i>(64)</i>	How long <i>16 hours</i>
Immediate <i>Exhaustion</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. W. Wheland M.D.</i>	
	Address <i>Cheslerstown Md</i>	
Accident or Suicide? <i>—</i>		



Name

in

Full

Mrs Isabel Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Fairlee</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>March</u>	Day	<u>3</u>
Age		<u>74</u>		Years	
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Durham Eng</u>
Occupation	<u>Housework</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband <u>Thomas Reynolds 2nd</u>			
Father's Name	<u>Thomas Orck</u>		Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name	<u>Unknown</u>		Mother's Birthplace <u>San Francisco</u>		
Name of person giving information	<u>James Bell</u>		How related to deceased <u>By Marriage</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Endocarditis</u>	How long	<u>79</u> <u>2 yrs.</u>
Immediate	<u>Aschemia Sub. Oedema</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Yes <u>Yes</u>	
Signature of Physician		<u>Frank W. Smith</u>	
Address		<u>Funkh.</u>	
Accident or Suicide?		<u>No</u>	

S. P. cenn p. 87

Name
in
Full

Albert Arville Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

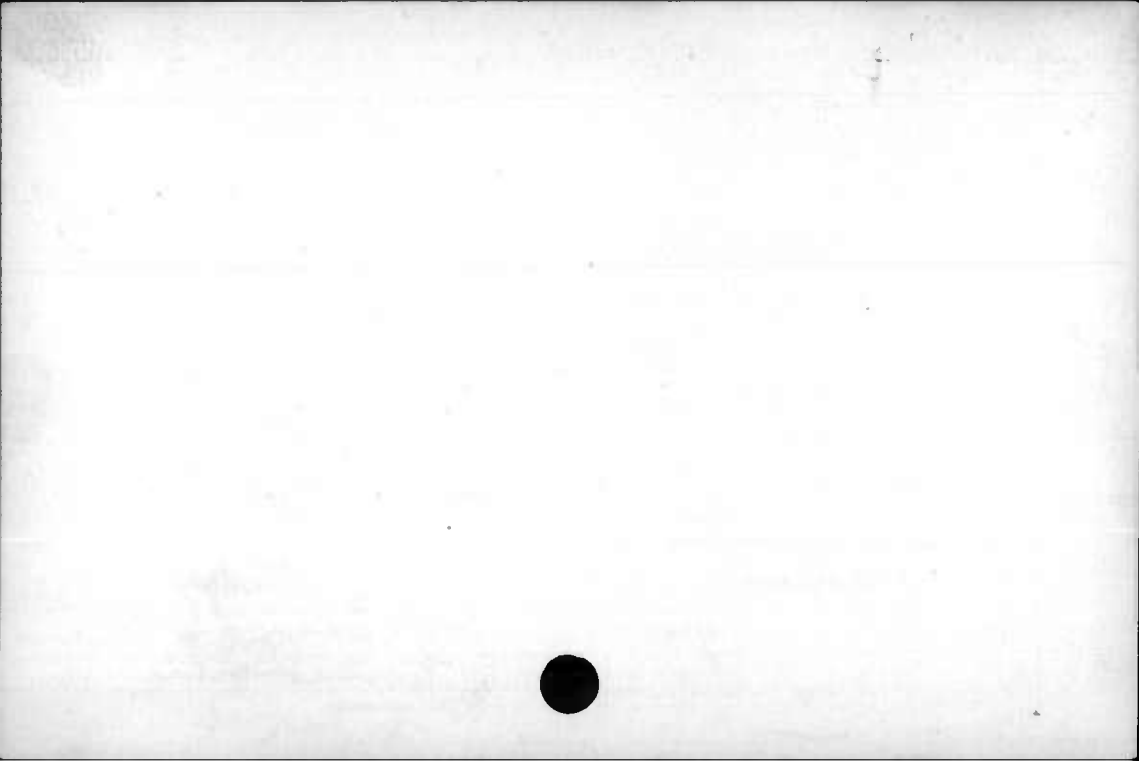
Died at <i>Georgetown</i>		Town		County <i>Kent.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>2</i>	Age <i>10</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Ind</i>				
Occupation <i>School.</i>	Where Residing if not at place of death						
Marked, Single or Widowed <i>D.</i>	Name of Wife or Husband						
Father's Name <i>Albert Scott</i>	Father's Birthplace <i>Balls: Ind</i>						
Mother's Maiden Name <i>Lula Johnson</i>	Mother's Birthplace <i>Kent Ind</i>						
Name of person giving information <i>Albert Scott</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Cause <i>Sub-Acute Gastritis</i>	How long <i>2 yrs</i>
Immediate Cause <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Isabel J. Smith</i>
	Address <i>Farmer Ind</i>
Accident or Suicide? <i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

Sarah A. Servey

Town

County

Died at

Kennedysville

Kent

MARYLAND

Date

of death 1907

Month

mch

Day

13

Age

Years

66

Months

—

Days

—

Sex

female

Color or
Race

White

Birth-
place

U.S.

Occupation

Housewife

Where Residing if not
at place of death

— — —

Married, Single
or Widowed

married

Name of Wife or
Husband

H. E. Servey

Father's
Name

Wm Cosden

Father's
Birthplace

U.S.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

U.S.

Name of person giving
information

H. E. Servey

How related
to deceased

father

CAUSES OF DEATH

120

Primary

Chronic degenerative nephritis

How long

15 yrs

Immediate

Apoplexy

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. E. Servey

Address

Kennedysville

Accident or Suicide?

—

✓

md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Kennedyville

Name
in
Full

Elmer Janet Thompson

CERTIFICATE OF DEATH

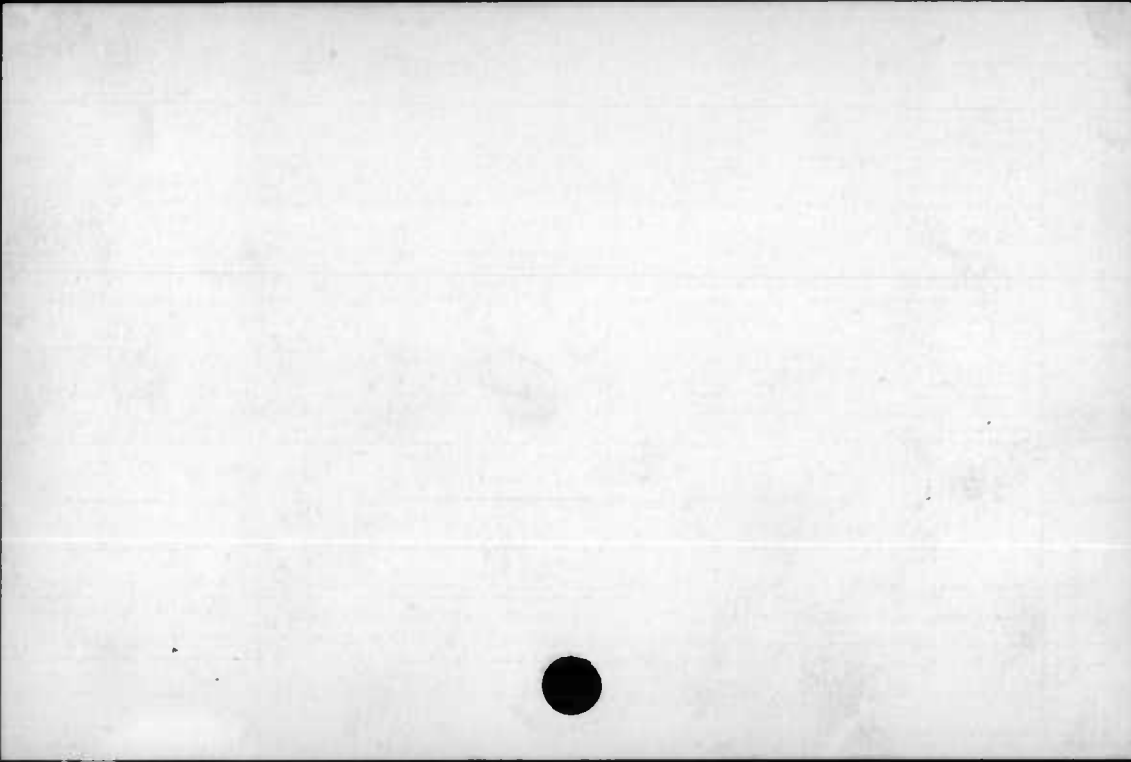
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rock Hill</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Mar</u>	Day <u>20</u>	Age <u>18</u>	Months <u>1</u> Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Kent Co Md</u>		
Occupation <u>Home - Invalid</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>James Thompson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Jane Moore</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>James Thompson</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart Disease</u>	How long <u>6 months</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. [illegible]</u>
	Address <u>Rock Hill Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sanford</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month	<u>March</u>	Day	<u>5</u>
Age		Years		Months	Days
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birthplace	<u>Rock Hall Md</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>Sanford</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Eliza Wallace</u>			
Father's Name	<u>Josiah Wallace</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>William Jones</u>			How related to deceased	<u>Brother-in-law</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>La Grippe</u>	How long	<u>3 weeks</u>
Immediate	<u>Pneumonia</u>	How long	<u>9 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>All that is given</u>		
Signature of Physician		<u>H. Benge Simmons</u>	
Address		<u>Chestertown Md</u>	
Accident or Suicide?		<u>No</u>	

Broadview J.E.F.

Name
in
Full

Lottie Lillian Warren

CERTIFICATE OF DEATH

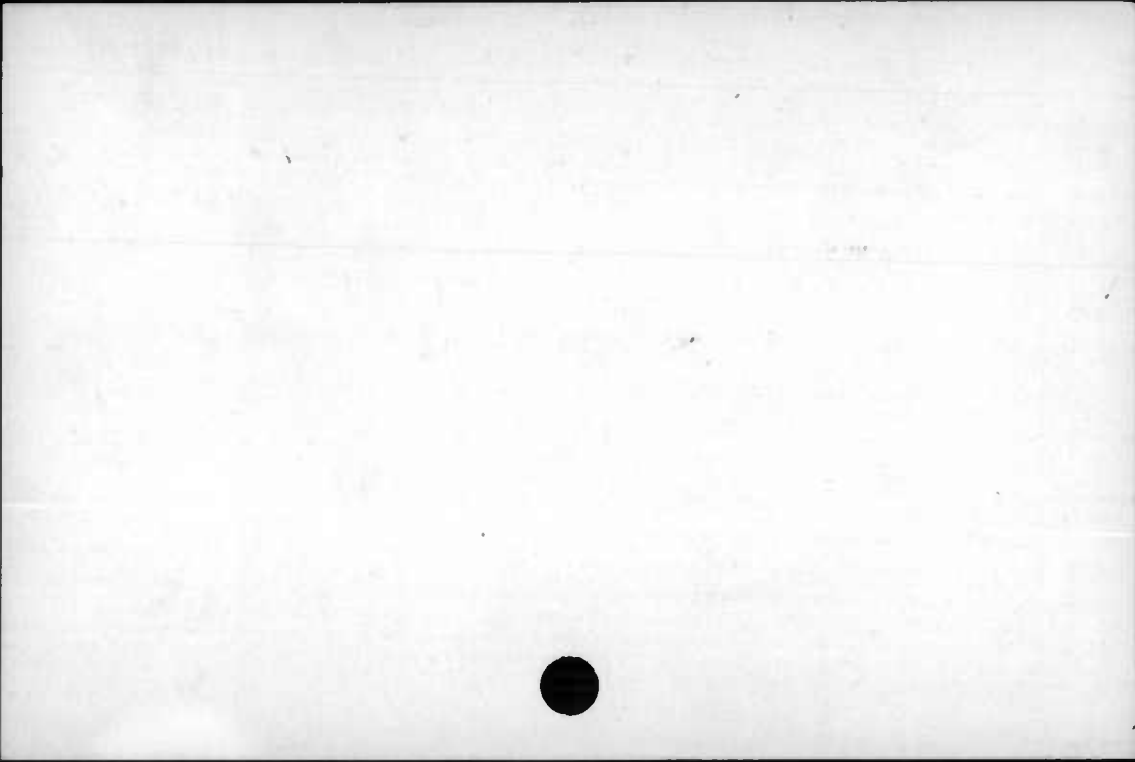
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesville Ind</i>		County <i>Kent Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>22</i>	Age <i>10</i>	Months <i>-</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Kent Co.</i>		
Occupation <i>-</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>David Warren</i>			Father's Birthplace <i>Kent Co.</i>		
Mother's Maiden Name <i>Florence Pearce</i>			Mother's Birthplace <i>Kent Co.</i>		
Name of person giving information <i>Florence Warren</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter C. Selby M.D.</i>
	Address <i>Rock Hill, Md.</i>
Accident or Suicide?	



Name
in
Full

Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

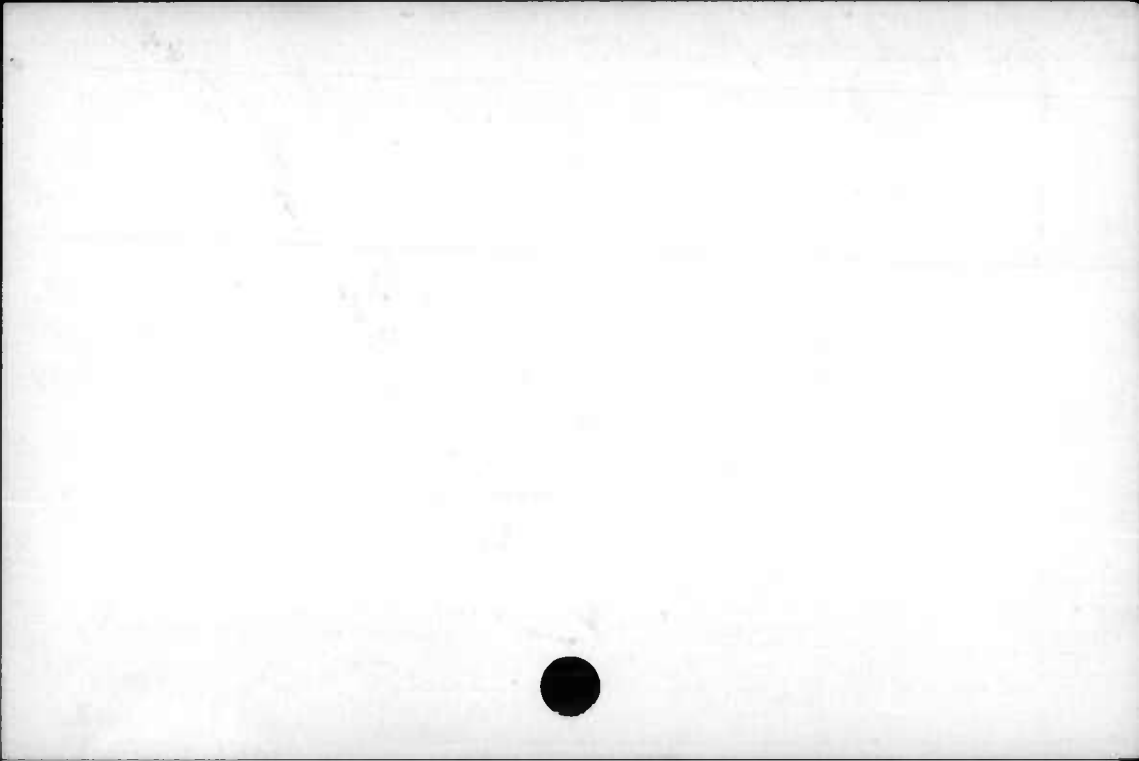
Died near <u>Salt</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>15</u>	Age <u>1</u>	Months <u>4</u>	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Kent Co Md</u>			
Occupation <u>none</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>child</u>	Name of Wife or Husband				
Father's Name <u>Joseph Wilson, deceased</u>	Father's Birthplace <u>Kent Co Md</u>				
Mother's Maiden Name <u>Rebecca Wilson</u>	Mother's Birthplace <u>Kent Co Md</u>				
Name of person giving information <u>Rebecca Wilson</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <u>Gastritis Stomatitis</u>	How long <u>7 Weeks</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. P. Gorman MD</u>
	Address <u>Millington Md</u>
Accident or Suicide? <u>✓</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Fletcher Hilson

Died at *Georgetown* ^{Town} *Kent* ^{County} *MARYLAND*

Date of death *1907* ^{Month} *3* ^{Day} *8* ^{Age} *70* ^{Years} *70* ^{Months} *70* ^{Days} *70*

Sex *Male* Color or Race *White* Birthplace *Cecil Co. Md.*

Occupation *Farmer* Where Residing if not at place of death

Married, ~~Single~~ *Widowed* Name of Wife or ~~Husband~~ *Mrs. Catherine R. Hilson*

Father's Name *Alexander Hilson* Father's Birthplace *Cecil Co. Md.*

Mother's Maiden Name *Catherine Mawldin* Mother's Birthplace *Cecil Co. Md.*

Name of person giving information *Mrs. Catherine R. Hilson* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

64

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

